

FILED SEP 16 1947
National Office of Vital Statistics
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 3799

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) 2708 East 35th St. Ter. K.C. Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 33 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2708 East 35th St. Terrace 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Augusta SORENSON

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th
year 1947 hour 4 minute 15 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Peter Sorenson 6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased August 10th, 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 3, 1947, to Sept 4, 1947
that I last saw her alive on Sept 2, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>0</u>	<u>24</u>hr.min.

Immediate cause of death Coronary occlusion 8 min

Due to Chronic myocardial degeneration

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Unknown Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Alfred Peterson 4

13. Birthplace Unknown Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations 9/4/47

Of autopsy -

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant Mrs. William Sick

(b) Address 2708 East 35th St. Ter. K.C. Mo.

17. (a) Removal-Burial (b) Date thereof 9-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. K.C. Kan.

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 9-5-47 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -

(b) Mode of occurrence -

(c) Where did injury occur? - (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? - (Specify type of place)

While at work? - (e) Means of injury -

23. Signature Robert Jansen (M. D. or other) M.D.
Address 2220 E 31st St Date signed 9-5-47

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

LI 1818

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed Edw E. Beck

Licensed Embalmer No. 4063

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.